

Dr. Washington was a member of several professional organizations, including Kappa Delta Phi, Phi Delta Kappa, and Alpha Kappa Mu Honor Society. He served as president of the Mississippi Teachers Association and held membership in the Mississippi Association of Educators and the national Education Association.

Dr. Washington married his college sweetheart, the former Carolyn Carter, in 1949. In addition to his devotion to his wife, he was involved in many community organizations. Dr. Washington received the Silver Beaver Award from the Boy Scouts of America, the Distinguished Service Award and Distinguished Alumni Award from Peabody College, and the Service to Humanity Award from Mississippi College. He was listed among *Ebony's* 100 Most Influential Black Americans in 1974, 1975, and 1976, and was selected Mississippi Man-of-the-Year in Education in 1981.

Dr. Washington passed away on December 1, 1999, but his legacy will live on as an eternal flame. I was deeply saddened to hear the news of his death.

Dr. Washington's reputation for hard work and academic excellence set an example which will continue to inspire greatness in the men and women of Mississippi. Such a reputation is the greatest tribute to a man's life. His insight on predicting the needs of future students helped to mold Alcorn State University into one of Mississippi's great universities.

Mr. President, Mississippians and Americans are grateful for Dr. Washington's public service, and I commend him for his leadership and accomplishments.

ACCESS TO INNOVATION FOR MEDICARE PATIENTS ACT

Ms. MIKULSKI. Mr. President, we are so fortunate to live in an era when modern medical breakthroughs are an almost common occurrence. Every day brings new research and insight into the human body and diseases that, unfortunately, affect our friends, families, co-workers, and ourselves. For example, there are several wonderful new therapies that help people with chronic diseases like rheumatoid arthritis, multiple sclerosis, and Hepatitis C live more active and pain-free lives. I am proud to be an original co-sponsor of the Access to Innovation for Medicare Patients Act (S. 2644), which would extend Medicare coverage to new self-injected biological therapies for these chronic diseases.

One of the most important things I do as a United States Senator is listen to the people and the stories of their lives. The story of one of my constituents, Judith Levinson of Rockville, Maryland, is a compelling example of the power of these new therapies. Judith was diagnosed with rheumatoid arthritis (RA) when she was 40 years

old. At first, her fingers and toes swelled up and sent sharp pains into her arms and shoulders. Over the next few years, she had multiple surgeries to place artificial knuckles in her fingers, to fuse her thumbs, and to replace both of her wrists with steel rods. Her feet have also been affected. Judith had six surgeries on her feet because bone deterioration made walking very difficult and painful. She now wears a size 2 shoe because so much bone has been removed from her feet. Unfortunately, Judith's suffering did not end with the surgeries. During recovery, her hands had to be placed in cages in order to heal properly—which made her completely dependent on others for daily activities. On a scale of 1 to 10, Judith rated her daily pain as an 8.

In January of 1999, Judith's doctor prescribed a new self-injectable drug called Enbrel, which had just been approved by the Food and Drug Administration (FDA) for the treatment of advanced RA. I am proud to add that the Johns Hopkins University's Division of Rheumatology was instrumental in the development of this breakthrough therapy as one of its clinical trial sites. Judith says that, within five weeks, she had less swelling in her fingers and she had more energy. As she puts it, she is in "go mode." I am happy to report that Judith has resumed writing, takes daily walks with her family without stopping at every street corner, and truly believes that this treatment has changed her life.

Judith is fortunate in that her insurance plan covers the cost of Enbrel, with a small co-payment. Medicare, on the other hand, does not allow coverage of self-administered injectable drugs. It covers only drugs that are administered in a physician's office. That means that many Medicare beneficiaries are going without treatment because they can't afford it themselves, or that they are treated with a therapy that is covered but may not be the most appropriate or effective treatment. That doesn't make sense. I am very proud that most of the breakthroughs in medicine today were invented in the United States. But breakthroughs alone aren't enough—I believe that every American ought to have access to those breakthroughs. Medicare patients are certainly no exception.

It is gratifying that this legislation is supported by a broad range of women, senior, minority, religious, rural, and health professional organizations like the Alliance for Aging Research, the American Public Health Association, the National Farmers Union, the Older Women's League (OWL), the National Hispanic Council on Aging, and more than a dozen other organizations. OWL, the only national membership organization that works on the issues unique to midlife and older women, has stressed the importance of

access to innovative medical treatments for older women and urged Congress to recognize that "73% of women on Medicare have two or more concurrent chronic conditions, which often lead to limitations in the activities of daily living and the need for long-term care. In order to improve the health of women suffering with chronic diseases . . . Congress should extend Medicare coverage to self-administered injectables."

Mr. President, we must ensure that Medicare beneficiaries have access to promising and innovative new therapies. This legislation will help thousands of people living with chronic conditions like RA, MS, and Hepatitis C live better, happier, and more productive lives. I urge my colleagues to join Senators GORTON, MURRAY, myself and the other co-sponsors in supporting it.

THE VERY BAD DEBT BOXSCORE

Mr. HELMS. Mr. President, at the close of business yesterday, Monday, June 5, 2000, the Federal debt stood at \$5,642,401,863,301.59 (Five trillion, six hundred forty-two billion, four hundred one million, eight hundred sixty-three thousand, three hundred one dollars and fifty-nine cents).

Five years ago, June 5, 1995, the Federal debt stood at \$4,903,928,000,000 (Four trillion, nine hundred three billion, nine hundred twenty-eight million).

Ten years ago, June 5, 1990, the Federal debt stood at \$3,127,410,000,000 (Three trillion, one hundred twenty-seven billion, four hundred ten million).

Fifteen years ago, June 5, 1985, the Federal debt stood at \$1,776,269,000,000 (One trillion, seven hundred seventy-six billion, two hundred sixty-nine million).

Twenty-five years ago, June 5, 1975, the Federal debt stood at \$522,954,000,000 (Five hundred twenty-two billion, nine hundred fifty-four million) which reflects a debt increase of more than \$5 trillion—\$5,119,447,863,301.59 (Five trillion, one hundred nineteen billion, four hundred forty-seven million, eight hundred sixty-three thousand, three hundred one dollars and fifty-nine cents) during the past 25 years.

ADDITIONAL STATEMENTS

A RETROSPECTIVE ON RACE

• Mr. GRAMM. Mr. President, I wish to share with my colleagues a moving autobiographical article written by Ward Connerly. Mr. Connerly's intelligence and personal experience with racism blend together into a truly insightful analysis and I encourage my colleagues to read about Mr. Connerly's uniquely American story.